

A. Individual-Level Intervention (HE/RR)

Date: _____

– Process Evaluation – Jurisdiction Aggregate Form

Complete a <i>separate</i> form for <i>each</i> primary population served by this type of intervention		
[1] Jurisdiction ID: _____ [2] Number of individual-level interventions (ILIs) this form describes: _____	[3] Primary Population Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. <i>[See instructions for distinguishing between primary and secondary risk populations.]</i> <ul style="list-style-type: none"> MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public 	[4] Secondary Population <ul style="list-style-type: none"> MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public

[5] Statewide definitions or guidelines for ILIs: _____	Please attach additional sheet
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[6] Number of ILIs for this risk population provided by the following types of agencies (total should equal number in [2] above):				
CBO - Minority Board _____	State Health Department _____	Academic Institution _____	Other Agency _____	
CBO - Non-Minority Board _____	Local Health Department _____	Research Center _____	<i>(please specify)</i> _____	
Faith Community _____	Other Government _____	Individual _____		
Total			_____	

[7] Clients Served With CDC Funds § (M=male; F=female; T=transgender; U=unknown)	# 19 years old				20 – 29 years old				30 + years old				Age data not available				TOTAL
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
American Indian/Alaska Native																	
Asian/Pacific Islander																	
White (non-Hispanic)																	
Black (non-Hispanic)																	
Other																	
TOTAL																	

Hispanic																	
Non-Hispanic																	
TOTAL																	

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

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[9] Enter the number of clients receiving ILIs in each of the following settings:

Type of Setting			
CBO _____	HIV Counseling & Testing _____	Correction/Detention _____	
Community Setting _____	STD Clinic _____	School/Educational _____	
Clinic/Health Care Facility _____	Drug Treatment Facility _____	Other _____	

[10] In the table below, enter the number of people in the jurisdiction who received

- C** only 1 session of an ILI,
- C** only 2 sessions, and
- C** 3 or more sessions

Number of Clients	Only 1	Only 2	3+

[8] Staffing and Expenditures

Number of full-time equivalent staff providing ILIs in the jurisdiction whose salaries are funded by CDC: _____

Number of volunteers providing ILIs in the jurisdiction: _____

CDC Announcement 99004 HIV prevention funds that were expended in carrying out all aspects of ILIs: \$ _____